

Minutes of the Workforce and Education Committee Meeting

Thursday, 22 May 2014 between 1330 and 1530
In Meeting Room G2.2

Present:	Stella Pantelides	Non-Executive Director (Chair)
	Wendy Brewer	Director of HR and OD
	Peter Jenkinson	Director of Corporate Services (part time)
	Jacqueline McCullough	Deputy Director of HR (part time)
	Vikki Carruth	Deputy Chief Nurse
	Diane Morgan	Assistant Director of HR, Education and Development
	Anneliese Weichart	Divisional Representative, Children's & Women's (part time)
	David Gray	Divisional Representative, Surgery
	Fiona Ashworth	Divisional Representative, Medicine & Cardiology (part time)
	Stuart Reeves	Divisional Representative, Community Services Division
	Paul Silke	Head of Nursing Workforce
	Jeremy Cashman	Assistant Medical Director (HR) – part time
	Di Emmerson	Minutes - In attendance
Apologies:	Peter Kopelman	Non Executive Director, Education Board Chair, Principal, SGUL
	Rosalind Given-Wilson	Medical Director
	Claire Low	Medical HR Manager

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- 1 Introduction and Apologies for Absence**
Apologies for absence had been received from Peter Kopelman, Ros Given-Wilson and Claire Low.
- 2 Minutes of previous meeting - WE(M)(14)1**
The minutes of the previous meeting were agreed to be an accurate record.
- 3 Matters arising**
CQC Follow up - On behaviour, in relation to bullying, EMT have clearly stated the intention is that we are very robust in our response. Stella Pantelides was pleased that greater openness made it easier to challenge behaviours.

Medical workforce Planning – Meetings had commenced and a scoping ToR written. Sarah Hammond in her new role as NHS Executive Fast Track leader would be invited to lead.

CL/WB

- 4 Workforce Strategy**
- 4.1 Workforce Strategy Implementation Plan and Staff Survey Action Plan 2014/15 (updated May 2014)**

Wendy Brewer informed the meeting of progress which in the papers was highlighted blue.

She reminded the meeting that this document now included the Staff Survey Action plan and divisional workforce risks. Stella Pantelides clarified that risk was reviewed at other governance meetings.

The new plan set out in further detail the proposed actions against each objective with emphasis on the agreed action plan in response to the staff survey findings and CQC observations.

Divisional risk registers showing the key workforce related risks were also attached and assurance provided by divisions that these are monitored and

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reviewed in line with agreed governance arrangements.

Wendy reported a significant increase in the reporting of alleged incidents of bullying and harassment- largely attributed to the trust's renewed efforts to publicise its position vis a vis this kind of behaviour. The investigations are time consuming to set up and unsettling for those involved but provide a unique opportunity for the trust to demonstrate 'we mean what we say'.

Stella Pantelides asked that Staff Support be invited to attend a future meeting.

WB/DE

Wendy informed the meeting that amongst the highlights, a sponsor group for organisation development work was now in place in paediatric services.

LiA are undertaking a concerted series of communications and conversations to enhance staff participation and engagement.

The Executive team had approved plans to link incremental progression with appraisal.

4.1.1 Workforce KPIs 2013-2014

Wendy Brewer tabled proposed KPIs for 2014/15 with proposed targets and thresholds for the various workforce indicators included in trust-wide and divisional performance reports.

The meeting asked that a competitive frame is identified and agreed (trusts we are likely to hire from or lose staff to) so that the choice of targets can be benchmarked appropriately. It was also suggested that the sickness absence target is reduced from 3.5% to 3%. This would be in line with the NHS-wide target and would also be consistent with a key aspect of the HR strategy to bring down sickness rates.

WB

4.1.2 Workforce Performance Report

Wendy informed the meeting that the report went to the Board and highlighted that the majority of the figures showed improvement although shifts tend to be small. Appraisal levels are monitored through divisional performance meetings and at monthly Appraisal Meetings which Wendy Brewer chairs.

Vikki Carruth asked David Gray if there were any particular themes in Surgery Division's Sickness Absence rates. He responded that there was always an element of long term and suggested that the KPI could be split to show data for long term absence and data for shorter term absences.

Jacqueline McCullough undertook to investigate if the figure could be split and would report back to the committee.

JMcC

4.1.3 Nursing Staffing Data

Vikki Carruth informed the meeting that nursing staffing data was for the first time being produced and would be taken to the Board meetings routinely. The report would be produced on a monthly basis. Wards were getting used to maintaining their information.

A wide-ranging discussion ensued on the following issues: the accuracy of the data, the likely impact as this information enters the public domain, the variation between wards, the differences in indicators such as turnover and sickness between different categories of staff (eg, high sickness rates among non-

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registered nurses, high turnover among registered nurses, etc). The meeting welcomed the level of granularity of the information and thought that this would be valuable in targeting policy responses (eg, on pockets of high sickness, high turnover, etc).

4.2 Workforce Efficiency

In line with established practice, the meeting was largely focused on a single aspect of the HR strategy so as to ensure issues were discussed at depth. The theme for this meeting was 'improving efficiency and productivity of the workforce'. The discussion was timely as it coincided with the trust-wide effort to bridge the 14/15 CIP gap.

Jemma Ball, Workforce Efficiency Project manager, presented the work that had been done to date on the Workforce Stream of the CIP programme, setting out a description of each project and an estimate of the potential opportunity for the trust-wide savings (14/15) as follows:

Projects: eRoster £1.9m, Central Bank & Agency: £323K; Pay optimisers (includes, apprentices, e-recruitment, reduced sickness, performance related pay): £1m; Medical efficiency: £769K: **Total: £4m**

Divisional representatives set out, in turn, their own estimates of identified CIPs that they were planning to secure through more efficient management of their workforce. Some were drawdowns from the central schemes described above, (such as benefits from the adoption of e-rostering, the use of the central bank and medical efficiency) but others were derived from their own divisional schemes (eg, ward productivity, skill mix reviews, etc).

The identified savings by division relating to workforce for 14/15 are as follows:

MedCard:	£4.3m
Surgery:	£1.2m
Womens & Children:	£670K
Community Services:	£1.5m
Total:	£7.7m

Some care is needed in interpreting the above figures:

- (a) There is overlap between the central schemes of £4m and the divisional total of £7.7m
- (b) This is not 'new' money- just the 'workforce slice' of central/divisional schemes that have already been identified.
- (c) There was considerable concern expressed, especially from MedCard, about the possible impact of the nursing review on the division's capacity to draw down the savings set out above. The review suggests that the division is under-established to the tune of £1.2 m, so making further savings, as planned, would pose a significant challenge.

The meeting provided a good opportunity for an exchange between the central HR team and the divisional teams on perceived blockages to drawdown opportunities from the central schemes so that these could be addressed effectively. A significant factor in progress was said to be the engagement of divisional and patient group leadership. There were reported to be widely different levels of take-up in comparable directorates, depending on whether leaders are seen to be actively pursuing saving opportunities. There was also fear of committing to savings when the financial detail of schemes was still unclear.

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There had been no Education Board to report

5.2 Partnership Forum

The meeting received the Minutes of the March meeting.

5.3 Workforce Efficiency

The notes of the meetings held in March and April were received.

5.4 Workforce Planning Group

The notes of the meetings held in March and April were received.

5.5 Confidential Report on MHPS Cases

The meeting reviewed and discussed the confidential report.

Stella Pantelides asked for and received assurances on patient safety where entire care teams were involved and the process of investigation and resolution was protracted.

6 Any Other Business

There was no other business.

The meeting closed at 3.20pm

7 Dates of future meetings

	Day	Date	Time	Room
W&E	Thurs	24.7. 2014	1330 -1530	Rose Centre
W&E	Thurs	18.9. 2014	1330 -1530	Rose Centre
W&E	Thurs	20.11. 2014	1330 -1530	Rose Centre